Washington State Department of Social & Health Services

DDD Division of Developmental Disabilities

DIVISION OF DEVELOPMENTAL DISABILITIES

WAIVER ENROLLMENT REQUEST

CLIENT NAME	DDD NUMBER	DATE OF BIRTH	REFERRAL DATE

REGION	CASE MANAGER		
		☐ Referral to a different Waiver	☐ New waiver referral

LEGAL AUTHORITY

WAC 388-845-0045 "When there is capacity to add people to a waiver, how does DDD determine who will be added?"

WAC 388-845-0050 "How do I request to be enrolled in a waiver?"

WAC 388-845-0070 "What determines if I need ICF/MR level of care?"

REQUEST FOR CHANGE OF WAIVER ASSIGNMENT (Complete only for current waiver clients)

CURRENT WAIVER ASSIGNMENT	REQUESTED ASSIGNMENT
☐ Basic ☐ Basic Plus ☐ Core ☐ CP	☐ Basic ☐ Basic Plus ☐ Core ☐ CP

PRIORITY PER WAC 388-845-0045 (Complete for all requests)

Choose only one priority (1, 2, 3 or N/A)

☐ 1. Individual is currently on a waiver but requires a different waiver to meet their needs.

☐ 2. Priority populations: (select one of the following)

- ☐ Member of a group identified and funded by the legislature.
- ☐ In immediate risk of ICF/MR admission due to unmet health and safety needs.
- ☐ Is a risk to the safety of the community.
- ☐ Currently receiving services through state-only funds.
- ☐ Persons on an HCBS waiver that provides services in excess of what is needed to meet their identified Health and Welfare needs.
- ☐ Persons who were previously on an HCBS waiver since April 2004 and lost waiver eligibility per WAC 388-845-0060(9)

☐ 3. Needs Basic waiver services to remain in their family's home.

☐ N/A Does not meet any of the above criteria.

ICF/MR ELIGIBILITY PER WAC 388-845-0050 (Complete for all requests)

☐ Determined to meet ICF/MR level of need per the 15-168 or the 15-170A.

☐ Does not meet ICF/MR level of need. **STOP! DO NOT PROCEED IF NOT ICF/MR ELIGIBLE.**

IDENTIFY THE SPECIFIC TARGETING CRITERIA FOR THE WAIVER THAT REFLECTS THIS INDIVIDUAL'S NEEDS (Complete for all requests)

Basic Waiver	☐ Lives with family or in their own homes. ☐ Has a strong natural support system. ☐ The family/caregiver's ability to continue caring for the individual is at risk, but can be continued with the addition of services. ☐ Does not need out-of-home residential services.
Basic Plus Waiver	☐ Lives with family or in another setting with assistance but is at <u>high</u> risk of out-of-home placement or loss of current living situation. ☐ Needs to live in an adult family home or adult residential care facility. ☐ Requires more than $6,500 per year in day program services.
Core Waiver	☐ Requires residential habilitation services outside of the parent's home. <u>or</u> ☐ Lives in the parent/family home, but is at <u>immediate</u> risk of out-of-home placement without more services than can be provided in the Basic Plus Waiver.
Community Protection Waiver	☐ Lives or is moving into the community; and ☐ Requires 24-hour, on-site, staff supervision to ensure the safety of others; and ☐ Requires therapies and/or other habilitation services; and ☐ Meets the DDD criteria for "community protection."

RECOMMENDED CENTRAL OFFICE RESPONSE TIMELINE (Timeline reflects critical need for waiver services)

- ☐ **Emergent (<24 hrs.) Client is in immediate jeopardy and has no support available.**
- ☐ **Within 30 days. Will lose current critical supports within 30 days.**
- ☐ Not emergent.
- ☐ Other (explain):

CURRENT LIVING SITUATION

- ☐ Homeless
- ☐ Own home with no paid or unpaid support
- ☐ Own home with insufficient residential supports
- ☐ Child living with parent/family/guardian
- ☐ Adult living with elderly parent (65 or over)
- ☐ Adult living with non-relative
- ☐ Adult living with parent
- ☐ Psychiatric hospital
- ☐ Medical facility
- ☐ Jail/correctional facility
- ☐ Child under age 22 in non-DDD foster/group home
- ☐ Other:

REGIONAL ADMINISTRATOR

- ☐ Recommend Approval
- ☐ Recommend Denial

Comments:

REGIONAL ADMINISTRATOR OR DESIGNEE	DATE

CENTRAL OFFICE APPROVAL

- ☐ Approved
- ☐ Denied

Comments:

WAIVER PROGRAM MANAGER OR DESIGNEE	DATE

NEW WAIVER REFERRAL - FOR CENTRAL OFFICE USE ONLY

RECOMMENDED WAIVER ASSIGNMENT ☐ Basic ☐ Basic Plus ☐ Core ☐ CP

Instructions

1. Complete this form when requesting waiver assignment for an individual who is:
   - In a DDD waiver but needs the services of a different waiver;
   - Requesting to be on a waiver after March 31, 2004.
2. The referral date for requests after March 31, 2004 is the date of the request.
3. For persons who requested to be on the CAP waiver prior to April 1, 2004, use their original request date as the referral date.
4. Determine if the person meets one of the priority populations. If the person meets one of the listed priority consideration populations, determine if the person has ICF/MR level of need per the 15-168 or 15-170A form.
5. Proceed to complete the form only if the person meets both conditions.
6. Provide the essential information about the individual's living circumstances and emergent needs.
7. If the person is found ineligible to have their waiver enrollment request entered into the database, consult with your designated regional staff person to review the information and confirm the decision of ineligibility.
8. Once the Regional Administrator has reviewed the request, and either gives their approval or denial, he/she would sign the form and retain a copy, as evidence that their signature is on file.
9. Notification:
   A. For persons whose waiver enrollment requests are documented in a statewide database:
      (i) The person/family will be notified by a department approved letter;
      (ii) The case manager will be notified by e-mail.
   B. For persons determined ineligible to be placed on the database:
      (i) The case manager is responsible to send the HCBS Waiver Enrollment Request Notice of Denial form (DSHS 15-283).
      (ii) The form includes appeal rights to this denial based on WAC 388-845-0050.
      (iii) The client/family can appeal per the following rules:
         - WAC 388-845-0045 contains the criteria for "priority considerations".
         - WAC 388-845-0070; 0075; 0080; 0085; 0090; 0095 is the criteria for determining ICF/MR level of care.